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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number		
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CLAIMS AS FILED (Column 1)				- PARTT (Column 2)		SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	FOR	" NUMBE	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
	C FEE FR 1.16(a))						s	OR		s
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20			v c -	<u> </u>	1		3.
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(37 C	FR 1.16(b))		minus 3 = 1			X \$ =		OR	X \$ =	
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<u>6-</u>	30-05	(Column 1)	<del>- 1</del>	(Column 2)	(Column 3)	SMALL E	NTITY	OR 1		ENTITY
_		CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDi-		RATE	ADDI-
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ပ		CLAIMS REMAINING	. '	HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-
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AMENDMENT		ATION OF ARRETE	E DEBEND	ENT CI AIM (37 CI	FR 1 16(41)		<del> </del>	1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =	<del> </del>	OR	+ \$=	1
	* ##		4h.c*	a in antonia 2 ····	ito 90° in malume :	ADD'L FEE	<u> </u>	OR	ADD'L FEE	<u> </u>
	" If the "Highest	olumn 1 is less tha Number Previousl Number Previousl	y Paid For	IN THIS SPACE	is less than 20,	enter "20".				

"" If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

OR

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 74 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column H (Column 2) FEE RATE NUMBER FILED NUMBEREXTRA RATE FEE FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS X \$ OR minus 20 (37 CFR 1.16(c)) INDEPENDENT CLAIMS X S OR (37 CFR 1.16(b)) minus 3 : <u>.</u> MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) TOTAL TOTAL OR If the difference in column 1 is less than zero, enter "0" in column 2. 22-03 CLAIMS AS AMENDED - PART II OTHER THAN OR (Cotumn 3) SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) CLAIMS HIGHEST PRESENT ADDI-RATE ADDI-RATE REMAINING NUMBER TIONAL TIONAL **EXTRA** EN PREVIOUSLY **AFTER** FEE FEE AMENDMENT PAID FOR Minus Total 24 MENDM OR (37 CFR 1.16(c)) Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR +5 TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-PRESENT ADDI-RATE RATE NUMBER REMAINING TIONAL **EXTRA** TIONAL ENT PREVIOUSLY AFTER FEE FEE PAID FOR AMENDMENT Total Minus 4 AMENDM x s = OR (37 CFR 1.16(c)) Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL -21-04 ADD'L FEE OR ADO'L FEE (Column 2) (Column 1) HIGHEST CI AIMS ADDI-RATE O PRESENT ADDI-RATE REMAINING NUMBER TIONAL **EXTRA** PREVIOUSLY TIONAL AFTER FEE FEE PAID FOR AMENDMENT ш Total Minus M OR (37 CFR 1.10(c)) Z Independent Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE

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ADD'L FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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